



From Coverage to Care: Helping the Newly Insured Connect to Care



Cara V. James, PhD
CMS Office of Minority Health
August 6, 2014

“Working to Achieve Health Equity”

What is *From Coverage to Care*?

- C2C is an effort to help educate consumers about their new coverage and to connect them with primary care and preventive services that are right for them so they can live long, healthy lives.
- Resources online and in print include the Roadmap, Discussion Guide, videos, and more.
- C2C builds on existing networks of community partners to educate and empower newly covered individuals.

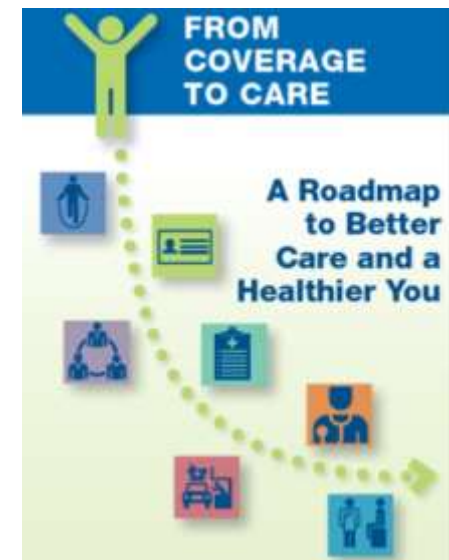
Coverage to Care Background

- **Phase I – Environmental Scan**
 - Captured perspectives from patients, providers, community partners, policymakers, and payers.
- **Phase II – Engagement Strategy Development**
 - Incorporated findings from Phase I into the development of materials and the pilot strategy.
- **Phase III – Pilot Implementation and Evaluation**
 - Shared materials in four states and revised based on feedback.

Coverage to Care Resources

Visit <http://marketplace.cms.gov/c2c>

- Roadmap
 - Poster Roadmap
 - One-pagers: Insurance card, Primary Care vs. emergency, and EOB
 - Pull-out steps
- Discussion Guide
- Video vignettes

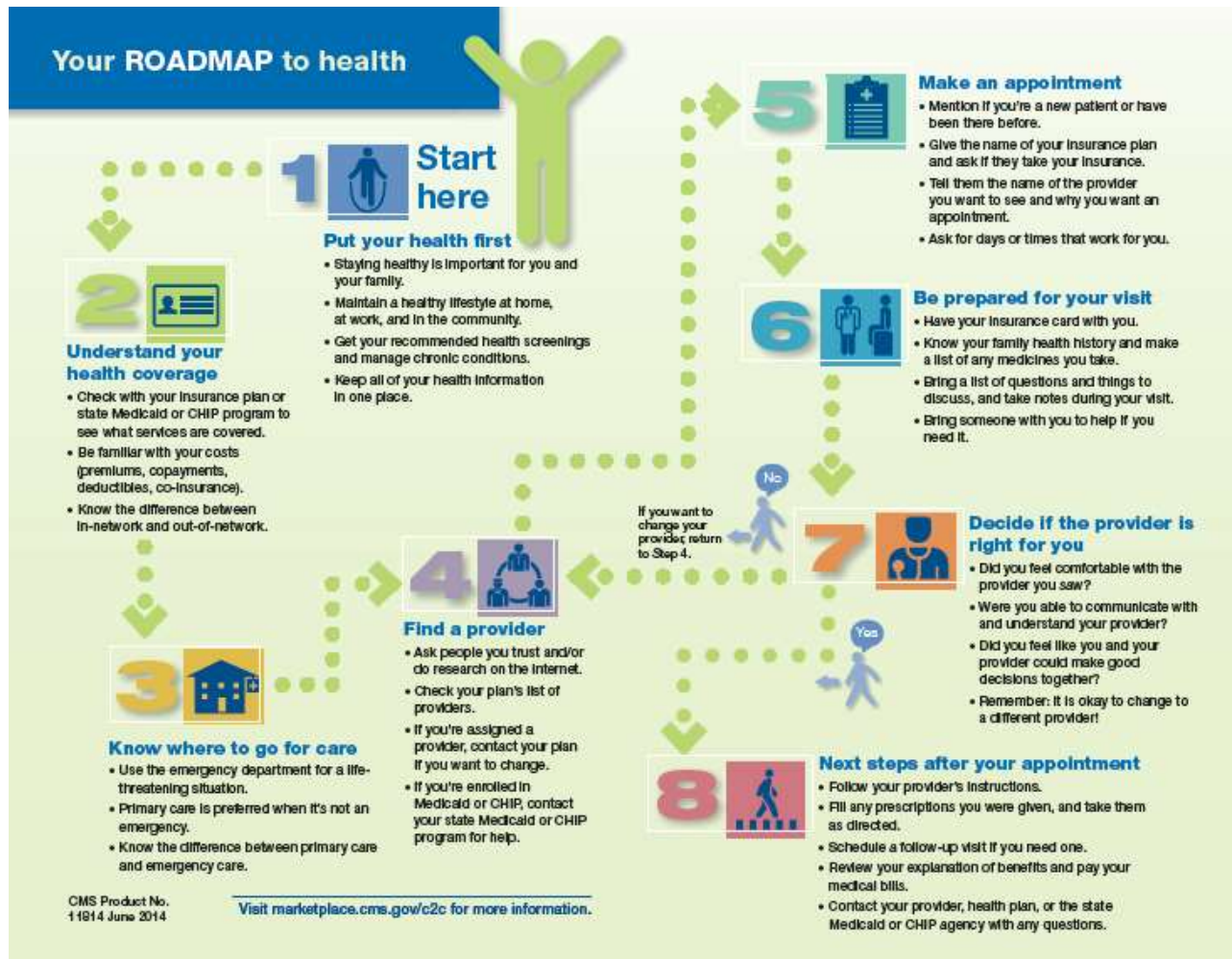


Print copies available from the CMS Clearinghouse

How to Use the Roadmap

- **Start the Conversation.** Use the Roadmap and Discussion Guide as a tool to help people understand their new coverage and understand the importance of getting the right preventive services.
- **Help Consumers Understand.** The Roadmap has a lot of information for consumers. You can help them use it as a resource to refer back to as they journey to better health and well-being.
- **Personalize it.** You know your community. Consider adding local resources and information.

Coverage to Care Roadmap

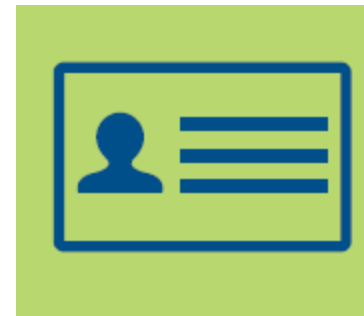


Online at marketplace.cms.gov/c2c

Step 2: Understand Your Health Coverage

Key Points for Consumers

- Check with your insurance plan or state Medicaid or CHIP program to see what services are covered.
- Be familiar with your costs (premiums, copayments, deductibles, coinsurance).
- Know the difference between in-network and out-of-network.



Key Questions for Consumers

- *Do you know how to find a provider in your network?*
- *Can you estimate how much you will pay when you see a provider?*



Key Terms On An Insurance Card

Key terms

- 1) Member Name
- 2) Member Number
- 3) Group Number
- 4) Plan Type
- 5) Copayment
- 6) Phone Numbers
- 7) Prescription Copayment

INSURANCE COMPANY NAME

Plan type **4**

Effective date

Member Name: Jane Doe **1**
Member Number: XXX-XX-XXX **2**

Group Number: XXXXX-XXX **3**

Prescription Group # XXXXX

Prescription Copay **7**
\$15.00 Generic
\$20.00 Name brand

PCP Copay \$15.00
Specialist Copay \$25.00
Emergency Room Copay \$75.00 **5**

Member Service: 800-XXX-XXXX **6**

Sample Cost Tables

Having a baby (normal delivery)	
• Amount owed to providers: \$7,540 • Plan pays \$5,490 • Patient pays \$2,050	
Sample care costs:	
Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540
Patient pays:	
Deductibles	\$700
Copays	\$30
Co-insurance	\$1,320
Total	\$2,050

Managing type 2 diabetes (1 year of routine maintenance of a well-controlled chronic condition)	
• Amount owed to providers: \$5,400 • Plan pays \$3,520 • Patient pays \$1,880	
Sample care costs:	
Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office visits and procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400
Patient pays:	
Deductibles	\$800
Copays	\$500
Co-insurance	\$580
Total	\$1,880

Cost scenarios like managing Type 2 Diabetes and having a baby help consumers **understand what their care may cost**, and how their plan may divide these costs.

NOTE: These are not real costs.

Step 3: Know Where To Go For Care

Key Points for Consumers

- Only use the ER in a life-threatening situation.
- Primary care is preferred when it isn't an emergency.
- Knowing the difference between primary care and care in the ER.



Key Questions for Consumers

- *Do you know how your costs would be different if you went to a primary care provider versus the Emergency Department?*
- *Do you know how your care would be different?*



Primary Care vs. Emergency Care

Newly covered consumers may not know when to visit a **Primary Care Provider** and when to use **Emergency Department** services.

Primary Care Provider	Emergency Department
You'll pay your primary care copay , if you have one. This may cost you between \$0 and \$50.	You'll likely pay a copay, co-insurance, and have to meet your deductible before your health plan pays for your costs, especially if it's not an emergency. Your copay may be between \$50 and \$150.
You go when you feel sick and when you feel well .	You should only go when you're injured or very sick .
You call ahead to make an appointment.	You show up when you need to and wait until they can get to you.
You may have a short wait to be called after you arrive but you will generally be seen around your appointment time .	You may wait for several hours before you're seen if it's not an emergency.
You'll usually see the same provider each time .	You'll see the provider who is working that day .
Your provider will usually have access to your health record.	The provider who sees you probably won't have access to your health records.
Your provider works with you to monitor your chronic conditions and helps you improve your overall health.	The provider may not know what chronic conditions you have .
Your provider will check other areas of your health , not just the problem that brought you in that day.	The provider will only check the urgent problem you came in to treat but might not ask about other concerns.
If you need to see other providers or manage your care, your provider can help you make a plan , get your medicines, and schedule your recommended follow-up visits or find specialists.	When your visit is over you will be discharged with instructions to follow up with your primary care provider and/or specialist. There may not be any follow-up support.
In some areas, you may be able to go to an Urgent Care Center . If Urgent Care is available in your area, call your health plan before you go to find out <i>how much you will have to pay</i> .	

Step 8: Next Steps After Your Visit

Key Points for Consumers

- Write down your providers' instructions and healthy living tips so you can act on them every day.
- Schedule any follow-up or other visits and fill prescriptions so you don't forget or get too busy.
- Review any documents or bills you receive and contact your plan or state Medicaid or CHIP program if you have questions.



Key Questions for Consumers

- *Do you know what to do now to keep yourself healthy?*
- *Do you know what number to call if you get sick and need to make a same-day appointment or come back?*

Explanation of Benefits (EOB)

It's a summary of health care charges from the care you or those covered under your policy received. It is NOT A BILL!

Explanation of Benefits (EOB) Customer service: 1-800-123-4567

Statement date: XXXXXX
Document number: XXXXXXXXXX
THIS IS NOT A BILL

Member name:
Address:
City, State, Zip:

Subscriber number: XXXXXXXXX ID: XXXXXXXXX Group: ABCDE Group number: XXXXXX

Patient name: _____ Date received: _____
Provider: _____ Payee: _____
Claim number: XXXXXXXXXX Date paid: XXXXXXXXX

Claim Detail				What your provider can charge you		Your responsibility			Total Claim Cost		
Line No.	Date of Service	Service Description	Claim Status	Provider Charges	Allowed Charges	Co-Pay	Deductible	Co-Insurance	Paid by Insurance	What You Owe	Remark Code
1	3/20/14–3/20/14	Medical care	Paid	\$31.60	\$2.15	\$0.00	\$0.00	\$0.00	\$2.15	\$0.00	PDC
2	3/20/14–3/20/14	Medical care	Paid	\$375.00	\$118.12	\$35.00	\$0.00	\$0.00	\$83.12	\$35.00	PDC
Total				\$406.60	\$120.27	\$35.00	\$0.00	\$0.00	\$85.27	\$35.00	

Remark: Code: PDC—Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.

Other Information in the Roadmap

- Glossary of health coverage terms.
- Resource list.
- Personal health tracking checklist.
- Health information page for coverage and provider information.

Available Coverage to Care Resources

Visit <http://marketplace.cms.gov/c2c>

- Roadmap
 - Poster Roadmap
 - One-pagers: Insurance card, Primary care vs. emergency, and EOB
 - Pull-out steps
- Discussion Guide
- Video vignettes

...and more to come!

Print copies available from the CMS Clearinghouse

Coverage to Care Videos



[Video series available at
marketplace.cms.gov/c2c](https://marketplace.cms.gov/c2c)

What Can You Do?

- 1) Share C2C resources.
- 2) Customize resources to your state.
- 3) Consider incorporating the Roadmap into assister training.
- 4) Collaborate with your state Medicaid and CHIP office to tailor resources.
- 5) Engage providers and issuers.
- 6) Support data collection and evaluation.
- 7) Let know how what works, and what other resources would be useful.

Get Resources

Marketplace.cms.gov/c2c

Contact Us

Coveragetocare@cms.hhs.gov